



## Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

**\*\* PLEASE PRINT CLEARLY \*\***

### SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
CITY / STATE / ZIP CODE		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)					
CONTACT PERSON NAME AND TITLE		BOOK		MAP		PARCEL	
TELEPHONE NUMBER		FAX		COUNTY WHERE WELL IS LOCATED			

### SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED		<b>Power Type</b> CHECK ONE <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Other (please specify):	
<b>Pump Type</b> CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (please specify):			
RATED PUMP CAPACITY			
Gallons Per Minute			
HORSE POWER RATING OF MOTOR			

### SECTION 3. WELL TEST

Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED	CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket – Barrel – Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated – Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir – Flume <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sunder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify):
STATIC WATER LEVEL (A) Feet Below Land Surface		
PUMPING WATER LEVEL (B) Feet Below Land Surface		
DRAWDOWN [ (B) – (A) ] Feet Below Land Surface		
TEST PUMPING RATE Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) Hours		
TOTAL PUMPING LIFT Feet		
FOR FLOWING WELL, MEASURED SHUT IN HEAD <input type="checkbox"/> FT <input type="checkbox"/> PSI		

**I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).**

SIGNATURE OF WELL OWNER

DATE